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## APPLICANTS

Francois Kotian, Guyancourt, FRANCE;  
 Remy Klausz, Neuilly sur Seine, FRANCE;  
 Yves Troussel, Palaiseau, FRANCE;  
 Regis Vaillant, Villebon sur Yvette, FRANCE;  
 Guillaume Calmon, Paris, FRANCE;

## \*\* CONTINUING DATA \*\*\*\*\*

None ✓

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

OK ✓

FRANCE 02 14993 11/28/2002  
 FRANCE 03 06676 06/03/2003

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/10/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY FRANCE	SHEETS DRAWING 3	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance	Examiner's Signature	Initials		
Verified and Acknowledged				

## ADDRESS

23413

## TITLE

Method and apparatus for determining functional parameters in a radiological apparatus

FILING FEE RECEIVED 1234	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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